

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09966803

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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11						
12						
13						
14						
15		9				
16	1					
17						
18						
19						
20						
21						
22	1					
23	1					
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35						
36	1					
37	1					
38		2				
39		2				
40						
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56	1					
57	1					
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65	1					
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91						
92		2				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	21		4		4	
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2

CLAIMS ONLY							Application Number 09 966 807		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
101											
102											
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100											
Total Indep											
Total Depend											
Total Claims											